

## Work Opportunity Tax Credit

# Employer Guide

Revised 10/10



**ALASKA DEPARTMENT OF LABOR  
& WORKFORCE DEVELOPMENT**

*Jobs are Alaska's Future*

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# What is the Work Opportunity Tax Credit (WOTC)?

The WOTC program is a federal tax credit that offers an incentive for private sector businesses to hire individuals from 11 targeted groups that have consistently faced significant barriers to employment.

The WOTC program was extended through August 31, 2011 when the President signed the Small Business and Work Opportunity Tax Act of 2007 into law on May 25, 2007.

## Who is Helped by the WOTC Program?

WOTC helps both employers and targeted job seekers. Employers save as tax credits help reduce their federal business taxes. Job seekers qualifying as a member of one of the targeted groups gain an advantage in the job market.

## Who Doesn't Qualify?

- **Former employees** regardless of how long it has been since the employee last worked for the employers.
- **Family members or relatives of the employer.** Relatives include sons, daughters, stepchildren, spouses, fathers, mothers, brothers, sisters, stepbrothers or sisters, nephews, nieces, uncles, aunts, cousins, or in-laws.
- **Employees receiving On-the-Job-Training (OJT) payments.** Employers cannot count wages for tax credit during the period when employees received federally subsidized OJT payments. However, employers may claim tax credit for WOTC eligible employees after OJT contract expires, but not to exceed 12 months from start date. Employee must work 400 hours or 180 days for employer to be eligible for reimbursement. For a potentially eligible WOTC employee(s) that is about to begin an On-the-Job Training (OJT) program, employers must mail a completed certification request to the WOTC Unit **no later than 28 calendar** days after the individual begins the OJT experience. The OJT start date is treated as the employment start date when determining Employer Certification eligibility.
- **Non-profits and government agencies.** Any employer who operates a for-profit business may use the WOTC program. The tax credit is a dollar for dollar credit that applies against an employer's business income tax. Non-profits and government agencies do not pay federal business income taxes and therefore are not eligible for the program.

## Who Qualifies for the WOTC Program?

WOTC applies only to new employees. The new employee must belong to one of the following 11 targeted groups:

### Target Group A: TANF Recipients

A member of a family that has received Temporary Assistance for Needy Families (TANF) through a program such as the Alaska Temporary Assistance Program (ATAP) for at least 9 months (doesn't have to be consecutive) of the 18 months ending on the hiring date.

## Target Group B: Veterans or Disabled Veterans

For WOTC purposes, “Veteran” is defined as an individual who:

- Served on active duty (not including training) in the Armed Forces of the United States for more than 180 days; **or**
- Was discharged or released from active duty for a service connected disability, **and** was not serving more than a 90-day period of active duty (not including training) on any day within 60 days of the hiring date.

Two Qualifying Categories:

### 1) Veteran (Food Stamps)

- A member of a family that received Food Stamps for at least a 3-month period during the 15-month period ending on the hiring date.

### 2) Disabled Veteran

- Who is entitled to compensation for a service-connected disability; **and**
- Hired within one year of discharge or release date; **or**
- Unemployed 6 (whether or not consecutive) of the last 12 months ending on the hiring date.

**New! Target Group J: Unemployed Veteran** - new expansion to the Veteran Category for those hired beginning January 1, 2009 through December 31, 2010. See Target Group J definition below.

## Target Group C: Ex-Felons

- An individual who was convicted of a felony under any state or federal law; **and**
- Hired within one year of the date of conviction or release from prison.

## Target Group D: Designated Community Residents

- An individual who is between ages 18-39 on the hiring date; **and**
- Lives in a federally designated Empowerment Zone (EZ), Renewal Community (RC), or Rural Renewal County (RRC).

### What is an Empowerment Zone (EZ) or Renewal Community (RC)?

Refers to an area or combination of areas designated by the U.S. Housing and Urban Development (HUD) and/or the U.S. Dept. of Agriculture (USDA) that meet certain population, size and poverty criteria.

Metlakatla is the only EZ/RC in AK. However, Renewal Community designation is currently expired as of the end of December 2009.

### What is a Rural Renewal County (RRC)?

A rural renewal county is a county in a rural area that lost population during the 5-year periods 1990 through 1994 and 1995 through 1999.

RRCs in AK are the census areas of Aleutians West, Wrangell-Petersburg, and Yukon-Koyukuk.

### Communities in the Aleutians West Census Area:

Adak, Atka, Attu Station, Nikolski, Saint George, Saint Paul, and Unalaska.

### **Communities in the Wrangell-Petersburg Census Area:**

Meyers Chuck, Thoms Place, Wrangell, Kake, Kupreanof, Petersburg, and Port Alexander.

### **Communities in the Yukon-Koyukuk Census Area:**

Alatna, Allakaket, Anvik, Arctic Village, Beaver, Bettles, Birch Creek, Central, Chalkyitsik, Circle, Coldfoot, Evansville, Flat, Fort Yukon, Four Mile Road, Galena, Grayling, Holy Cross, Hughes, Huslia, Kaltag, Koyukuk, Lake Minchumina, Livengood, Manley Hot Springs, McGrath, Minto, Nenana, New Allakaket, Nikolai, Nulato, Rampart, Ruby, Shageluk, Stevens Village, Takotna, Tanana, Venetie, and Wiseman.

#### **Target Group E: Vocational Rehabilitation Referrals**

- A disabled person who is receiving rehabilitative services under an “Individualized Plan for Employment (IPE); **or**
- Has completed an IPE within the last two years of hire from a rehabilitation agency under a state plan or under a Vocational Rehabilitation program for veterans or an Employment Network under the Ticket-to-Work Program.

#### **Target Group F: Qualified Summer Youth**

- An individual who works for the employer between May 1 and September 15; **and**
- Is 16 or 17 years old on the hiring date; **and**
- Has not been employed by the same employer before the 90 days between May 1 and September (summer period); **and**
- Lives in an EZ or RC.

#### **Target Group G: Food Stamp Recipients**

- An individual who is 18 and 39 years old on the hiring date; **and**
- Is a member of a family that:
  - a. Received food stamps for at least the last 6 months ending on the hiring date; **or**
  - b. An able-bodied adult without dependents (ABAWD) who received food stamps at least 3 of the last 5 months and is no longer receiving food stamp benefits due to not meeting the work requirement of the Food Stamp Act of 1977.

#### **Target Group H: Social Security Income (SSI) Recipients**

- An individual who received SSI for any month during the 60 days ending on the hiring date.

#### **Target Group I: Long-Term Family Assistance Recipients**

- A member of a family that received Temporary Assistance for Needy Families (TANF) for at least 18 “consecutive” months ending on the hiring date; **or**
- Received any 18 months of benefits beginning after August 5, 1997 with the 18<sup>th</sup> month payment falling within 2 years of hiring date; **or**
- Became ineligible for TANF after August 5, 1997, if the family member is hired within two years after the family became ineligible.

**New!** Two new WOTC categories have been introduced through the American Recovery and Reinvestment Act (ARRA) of 2009. The following target groups apply to workers who start work in 2009 or 2010:

**New! Target Group J: Unemployed Veteran**

- An individual who is considered a Veteran under WOTC definition; **and**
- Has been discharged from active duty within 5 years of hiring date; **and**
- Received unemployment insurance compensation for at least four separate weeks (does not have to be consecutive) within one year of hiring date.

**New! Target Group K: Disconnected Youth**

- An individual who is between age 16 and 24 on the hiring date; **and**
- During the past 6 months, has not attended or has not regularly attended any secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacation; **and**
- During each consecutive 3-month period within the past 6 months, was not employed or was employed and earned an amount less than he or she would have earned working for the applicable minimum wage 30 hours every week during the 3-month period; **and**
- Does not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** has a certificate that was awarded at least 6 months ago and he or she has not held a job (other than occasionally) or been admitted to a technical or post-secondary school since receiving the certificate.

**“Minimum wage”** means the higher of the federal minimum wage (as defined in 29 U.S.C. 206(a)(1)) or the generally applicable state minimum wage (if any).

**“Secondary school”** means an institutional day or residential school, including a public secondary charter school that provides secondary education, as determined under state law, except that the term does not include any education beyond grade 12. A General Education Development (GED) program is not a secondary school for this purpose.

The terms **“technical school”** and **“post-secondary school”** mean institutions of higher education as defined in 20 U.S.C. 1001; 1002(a)(1), (b), and (c); and 1059c(b)(3).



# How Much is the Tax Credit?

## For the Target Group A, C, D, E, G, H, J, and K

The tax credit is calculated at the rate of 25% of the qualified first-year wages up to \$6,000 for employees working at least 120 hours, but less than 400 hours. This allows a maximum credit amount of \$1,500. For employees working at least 400 hours or more, the credit is calculated at the rate of 40% of the qualified first year wages up to \$6,000. **This allows a maximum credit amount of \$2,400.**

## For the Target Group B

### **Veteran (Food Stamps):**

For Veteran's receiving food stamps only, the tax credit is calculated at the rate of 25% of the qualified first-year wages up to \$6,000 for employees working at least 120 hours but less than 400 hours. This allows a maximum credit of \$1,500. For employees working at least 400 hours or more, the credit is calculated at the rate of 40% of the qualified first-year wages up to \$6,000. **This allows a maximum credit of \$2,400.**

### **Disabled Veteran:**

The tax credit is calculated at the rate of 25% of the qualified first-year wages for the **New Disabled Veteran group** up to \$12,000 for employees working at least 120 hours, but less than 400 hours. This allows a maximum credit amount of \$3,000. For employees working at least 400 hours or more, the credit is calculated at the rate of 40% of the qualified first year wages up to \$12,000. **This allows a maximum credit amount of \$4,800.**

## For the Target Group F (Summer Youth)

The tax credit for this target group is calculated at the rate of 25% of qualified first-year wages up to \$3,000 for employees working at least 120 hours, but less than 400 hours. This allows a maximum credit of \$750. For employees working at least 400 hours or more, the credit is calculated at the rate of 40% of the qualified first-year wages up to \$3,000. **This allows a maximum credit amount of \$1,200.**

## For the Target Group I (Long-Term TANF Recipients)

The tax credit may be earned for the first two years of employment. Wages are capped at \$10,000 for the first and second year of employment. For qualified first-year wages which begins the day the employee starts work, the maximum amount of wages to which the 40% tax credit may be applied during the first year shall not exceed \$10,000 for a **maximum first year credit of \$4,000**. For qualified second-year wages, the maximum amount of wages to which the 50% may be applied shall not exceed \$10,000 for a maximum credit of \$5,000. **Under category I, employers can claim up to \$9,000 of combined tax savings per TANF recipient hired over a two-year period.**



# WOTC Calculation Table

Target Groups	% Credit & Retention Period	Capped Wages	Maximum Credit
A, B (Veteran), C, D, E, G, H, J, & K	25% if work at least 120 hrs.	\$6,000	\$1,500
A, B (Veteran), C, D, E, G, H, J, & K	40% if work at least 400 hrs.	\$6,000	\$2,400
B (Disabled Vets <sup>1</sup> )	25% if work at least 120 hrs.	\$12,000	\$3,000
B (Disabled Vets)	40% if work at least 400 hrs.	\$12,000	\$4,800
F (Summer Youth)	25% if work at least 120 hrs.	\$3,000	\$750
F (Summer Youth)	40% if work at least 400 hrs.	\$3,000	\$1,200
I (Long-Term TANF <sup>2</sup> Rec.)	1st yr. period - 40% if work at least 400 hrs. or 180 days	\$10,000	\$4,000
I (Long-Term TANF Rec.)	2nd yr. period - 50% if work at least 400 hrs. or 180 days	\$10,000	\$5,000
<sup>1</sup> . The cap on qualified first-year wages for <i>disabled veterans</i> was increased from \$6,000 to \$12,000 resulting in a bigger tax credit. <sup>2</sup> . Employers hiring from this group receive a two-year credit for each new hire for a combined tax savings of \$9,000.			

# Step by Step Instructions for WOTC Application

Employers must apply and receive certification from the Alaska Department of Labor and Workforce Development (AK DOLWD) before claiming tax credit on their federal income tax return.

## Step 1

There are two ways for the employer to determine whether an applicant or potential employee is a member of the WOTC targeted group:


1. If the employer received ETA Form 9062, Conditional Certification, from applicant's/potential employee's service provider such as "Public Assistance" or "Vocational Rehabilitation".
  - ✓ Follow **Step 2.a** for next instructions.
2. Pre-screen job applicants by completing [IRS Form 8850](#).
  - ✓ Follow **Step 2.b** for next instructions.

## Step 2

### Step 2.a Complete ETA Form 9062

Client service providers such as "Public Assistance" or "Vocational Rehabilitation" will provide job applicants with partially completed ETA Form 9062, Conditional Certification, identifying them as a member of a WOTC target group, and partially completed [IRS Form 8850](#). Job applicants will give these forms to potential employers. When the applicant is hired, employer must complete the following:

- ✓ Skip box 1 to 15 of the ETA Form 9062 (these items should have been previously completed by the client service providers at the time the form is presented to the employer). Employers will complete and sign the bottom section of the 9062, items 16-22. Ensure the form is signed by the applicant and service provider before mailing to the AK DOLWD to avoid processing delays.
- ✓ Page 1 of the [IRS Form 8850](#) should have been previously completed as well so employers will complete and sign the second page of the [IRS Form 8850](#). Ensure the first page of the form is signed by the applicant.
- ✓ Follow **Step 4 and Step 5** below.

Step by Step ETA Form 9062 Instructions is provided in the following pages 

## Step 2.b Complete IRS Form 8850

Usually, the first step in the process for determining whether an employer may qualify to apply for the WOTC program is to pre-screen their applicants by completing the [IRS Form 8850](#) August 2009 version **on or before the date of the job offer**.

The [IRS Form 8850](#) consists of two pages. Applicants must complete page one and the employer completes page two. The applicant should complete every item on page one. In order for the employer to be eligible for the WOTC, the applicant must identify her/his target group by checking the appropriate boxes from #1 through #5. Based on the applicant's information, the employer determines whether he/she believes the applicant is a member of a targeted group as defined above. If the employer believes the applicant is a member of a targeted group, the employer completes the rest of the [IRS Form 8850](#) on or before the job offer is made. Both the job applicant and the employer must sign [IRS Form 8850](#) before submitting the form to the AK DOLWD. It is the employer's responsibility to make sure that [IRS Form 8850](#) is filled out completely prior to mailing the form to the AK DOLWD.



### Tip for the employer:

Employers may fill in their "Basic Business Information" on page two of the [IRS Form 8850](#) and duplicate the forms to save time.

Below is a screenshot of the "Basic Business Information":

Form 8850 (Rev. 8-2009) Page **2**

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**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. ( ) - EIN ►


Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) -

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Step by Step [IRS Form 8850](#) Instructions is provided in the following pages 

## Step 3: Complete ETA Form 9061

If the job applicant does not have a completed ETA Form 9062 from a service provider, the employer will need to complete the [ETA Form 9061](#), "Individual Characteristic Form (ICF)" August 2009 version. The employer/applicant must identify the appropriate target group they qualify for by answering **questions 13-21** with a check mark in either Yes or No as the questions apply to the applicant. Employer must also attach copies of supporting documents for the following target group:

# Supporting Documents

Item Number	Target Group	Supporting Documents
13	<b>B</b> (Veteran or Disabled Veteran)	N/A*
14	<b>G</b> (Food Stamps)	N/A
15	<b>E</b> (Vocational Rehabilitation)	N/A
16	<b>A and I</b> (TANF)	N/A
17	<b>C</b> (Ex-Felons)	N/A
18	<b>D and F</b> (EZ or RC or RRC)  EZ – Empowerment Zone RC – Renewal Community RRC – Rural Renewal Community	<p>Submit two documents for (1) proof of age and (2) proof of residence</p> <p><b>To determine individual's age:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Driver's License</li> <li><input type="checkbox"/> Work Permit</li> <li><input type="checkbox"/> Copy of Hospital Record of Birth</li> <li><input type="checkbox"/> School I.D. Card/School Records</li> <li><input type="checkbox"/> Federal/State/Local Government I.D.</li> </ul> <p><b>To determine individual's residence:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's License</li> <li><input type="checkbox"/> Work Permit</li> <li><input type="checkbox"/> Utility Bills</li> <li><input type="checkbox"/> W-4</li> <li><input type="checkbox"/> Lease Papers or Landlord's Statement</li> <li><input type="checkbox"/> School1 or Library Card2</li> <li><input type="checkbox"/> Voter Registration Card</li> <li><input type="checkbox"/> SNAP (Food Stamp) Award Letter</li> <li><input type="checkbox"/> Selective Service Registration Card</li> <li><input type="checkbox"/> Social Security Letter</li> </ul>
19	<b>H</b> (SSI) SSI – Social Security Income	N/A
20	<b>J</b> (Unemployed Veteran)	N/A
21	<b>K</b> (Disconnected Youth)	<p>Submit two documents for (1) proof of age and (2) self-attestation</p> <p><b>To determine individual's age:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Driver's License</li> <li><input type="checkbox"/> Work Permit</li> <li><input type="checkbox"/> Copy of Hospital Record of Birth</li> <li><input type="checkbox"/> School I.D. Card/School Records</li> <li><input type="checkbox"/> Federal/State/Local Government I.D.</li> </ul> <p><b>To determine youth has not regularly attended any secondary, technical or post secondary school and unemployable status due to lack of basic skills:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Original signed copy of <a href="#">ETA Form 9154</a>, "Self-Attestation"</li> </ul>

\*N/A - Not needed unless the AK DOLWD is unable to verify this record. Employers are encouraged to provide copies of documentation if available.




### Tip for the employer:

Employers may fill in their “Basic Business Information” on page one of the [ETA Form 9061](#) and duplicate the forms to save time.

Below is a screenshot of the “Basic Business Information”:

EMPLOYER INFORMATION		
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)

Step by Step, [ETA Form 9061](#) Instructions is provided in the following pages 

## Step 4

- ✓ Make copies of following forms to keep in your file:
  1. [IRS Form 8850](#), and
  2. [ETA Form 9061](#) or 9062, and
  3. Copy of supporting documents IF applying for Target Group D (Designated Community Residents), Target Group F (Qualified Summer Youth), and Target Group K (Disconnected Youth), and
  4. [ETA Form 9154](#), Self-Attestation May 2010 version IF applying for Target Group K (Disconnected Youth).

## Step 5

- ✓ Mail the following **within 28 calendar days after the new hire starts work** to:

**Alaska Department of Labor and Workforce Development**  
**Employment Security Division**  
**WOTC Coordinator**  
**PO Box 115509**  
**Juneau, AK 99811-5509**

1. Completed **original** copy of [IRS Form 8850](#), and
2. Completed original OR copy of [ETA Form 9061](#) or 9062, and
3. Copy of supporting documents IF applying for Target Group D (Designated Community Residents), Target Group F (Qualified Summer Youth), and Target Group K (Disconnected Youth), and
4. Completed **original** copy [ETA Form 9154](#), Self-Attestation May 2010 version IF applying for Target Group K (Disconnected Youth).

**Note:** The [IRS Form 8850](#) must be complete in every detail and must be postmarked by the US Postal Service within 28 days after the new hire starts work. Postage meters are unacceptable.

Employers must keep a copy of proof of mailing to document timeliness in cases when application is lost in the mail. Applications received late will be denied. There is no exemption to this IRS rule.

The IRS requires original signatures for [IRS Form 8850](#) page 1 (applicant signature) and page 2 (employer signature). Therefore, no faxes, photocopies, or emails of the forms are allowed.

Employers may submit a photocopy of [ETA Form 9061](#). This form does not require original signature.

AK DOLWD strongly encourages employers to submit IRS Form 8850 and ETA Form 9061 and other supporting documents at the same time to avoid any processing delays. If employers are unable to complete the ETA Form 9061 and supporting documents before the 28-day filing period, employers are advised to submit the IRS Form 8850 timely within 28 days after the new hire starts work. IRS Form 8850 must be mailed within the 28-day time limit.

# Instructions for Completing IRS Form 8850 (Pre-Screening Notice and Certification Request) August 2009 Version

## IRS Form 8850 Page One: Job Applicant Information

1. **Your Name:** Enter the applicant's/potential employee's full name.
2. **Social Security Number:** Enter the social security number of the applicant/potential employee.
3. **Street address where you live:** Enter physical home address of the applicant/potential employee.
4. **City or town, state, and ZIP Code:** Self-explanatory.
5. **County:** If applying for Target Group D (Designated Community) Residents and Target Group F (Qualified Summer Youth), enter the census areas. The only Rural Renewal Counties (RRC) in AK are the census areas of [Aleutians West](#), [Wrangell-Petersburg](#), and [Yukon-Koyukuk](#). As of December 31, 2009, Metlakatla, AK, the only Renewal Community designation is currently expired.
6. **Telephone Number:** Self-explanatory.
7. **If you are under age 40, enter your date of birth (month, day, year):** Enter the date of birth of the applicant/potential employee if he/she is under age 40 at the time of filling out this form.
8. **Question 1:** Self-explanatory.
9. **Question 2:** If job applicant received an ETA Form 9062 or Conditional Certification from an authorized agency e.g. "Public Assistance" or "Vocational Rehabilitation", check this box. Skip questions 3, 4, & 5. Then the job applicant/potential employee signs and dates the form on box 11 and 12 respectively.
10. **Question 3, 4, and 5:** If applicant does not have ETA Form 9062 or Conditional Certification, check questions 3, 4, and 5 if any statements apply. Then the job applicant/potential employee signs and dates the form on box 11 and 12 respectively.
11. **Job applicant's signature:** The applicant/potential employee signs the form.
12. **Date:** Enter the date IRS Form 8850 was completed by the applicant/potential employee.

## IRS Form 8850 Page Two: For Employer's Use Only

1. **Employer's name:** Enter the employer's business name.
2. **Telephone no.:** Enter the employer's business telephone number.



3. **Employer Identification Number (EIN):** Enter the employer's federal tax number.
4. **Street Address:** Enter employer's business physical address.
5. **City or town, state, and ZIP Code:** Self-explanatory.
6. **Person to contact, if different from above:** To be completed if a third party is the designated point of contact, such as an accountancy firm or a management consultant, to act on the employer's behalf in the WOTC certification process; or if the WOTC certification is to be mailed to employer's different address, i.e. a corporate headquarters.

**Designating a Third Party Agent**

Employers may authorize a third party agent, such as an accountancy firm or a management consultant, to act on their behalf in the WOTC certification process. The designated agent must provide the AK DOLWD a notarized copy of [IRS Form 2848](#), Power of Attorney and Declaration of Employer Representative.

7. **Telephone no.:** Enter telephone number of the designated point of contact.
8. **Street Address:** Enter mailing address of the designated point of contact.
9. **City or town, state, and ZIP Code:** Self-explanatory.
10. **Date applicant Gave information:** Enter date the applicant received information regarding the position.
11. **Date applicant Was offered job:** Enter date the job offer was made.
12. **Date applicant Was hired:** Enter date of the actual hire.
13. **Date applicant Started job:** Enter date the employee physically starts to work. Note: IRS Form 8850 must be postmarked within 28 after the new hire start work.
14. **Complete Only If Box 1 On Page 1 is Checked, State and County or parish of job:**  
Skip this question.
15. **Complete Only If Box 1 On Page 1 is Checked, Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005:** Skip this question.
17. **Employer's Signature:** The person completing this form must be the person who signs this form.
16. **Title:** The title of the employer who signs the form.
17. **Date:** Enter the date IRS Form 8850 was completed by the employer.

# IRS Form 8850 Sample

## IRS Form 8850 Page One: Job Applicant Information

<b>Form 8850</b> <small>(Rev. August 2009) Department of the Treasury Internal Revenue Service</small>	<b>Pre-Screening Notice and Certification Request for the Work Opportunity Credit</b> <small>▶ See separate instructions.</small>	OMB No. 1545-1500
<b>Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.</b>		
Your name <u>Applicant's Name</u> Social security number ▶ <u>123</u>   <u>45</u>   <u>6789</u>		
Street address where you live <u>Applicant's physical residence address</u>		
City or town, state, and ZIP code <u>Applicant's City, State, and Zip Code</u>		
County <u>Census Areas if applying for EZ/RC or RRC</u> Telephone number ( <u>123</u> ) <u>456</u> - <u>7891</u>		
If you are under age 40, enter your date of birth (month, day, year) <u>mm / dd / yy</u>		
<p>1 <input type="checkbox"/> Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.</p> <p>2 <input type="checkbox"/> Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.</p> <p>3 <input type="checkbox"/> Check here if any of the following statements apply to you.</p> <ul style="list-style-type: none"><li>• I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.</li><li>• I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.</li><li>• I was referred here by a rehabilitation agency approved by the State, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.</li><li>• I am at least age 18 but not age 40 or older and I am a member of a family that:<ul style="list-style-type: none"><li>a Received SNAP benefits (food stamps) for the past 6 months, or</li><li>b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.</li></ul></li><li>• During the past year, I was convicted of a felony or released from prison for a felony.</li><li>• I received supplemental security income (SSI) benefits for any month ending during the past 60 days.</li><li>• I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.</li><li>• I am at least age 18 but not age 25 or older,<ul style="list-style-type: none"><li>a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and</li><li>b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and</li><li>c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.</li></ul></li></ul> <p>4 <input type="checkbox"/> Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:<ul style="list-style-type: none"><li>• Discharged or released from active duty in the U.S. Armed Forces, or</li><li>• Unemployed for a period of periods totaling at least 6 months.</li></ul></p> <p>5 <input type="checkbox"/> Check here if you are a member of a family that:<ul style="list-style-type: none"><li>• Received TANF payments for at least the past 18 months, or</li><li>• Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or</li><li>• Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.</li></ul></p>		
<b>Signature—All Applicants Must Sign</b>		
<small>Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.</small>		
Job applicant's signature ▶ <u>Signature Must Be Original</u>		<b>Date IRS Form 8850 was completed</b> Date <u>          </u> / <u>          </u> / <u>          </u>
<small>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</small>		<small>Cat. No. 226511 Form 8850 (Rev. 8-2009)</small>

## For Employer's Use Only

Employer's name: Employer's business name Telephone no. ( 123 ) 456 - 7891 EIN ▶ 99 : 9999999

Street address **Employer's business street address**

City or town, state, and ZIP code **Employer's City, State, and Zip Code**

Person to contact, if different from above: Consultant/Contact Name Telephone no. ( 123 ) 456 - 7891

Street address Consulant/Contact street address or indicate "same as above" if address is the same as above

City or town, state, and ZIP code Consultant/Contact City, State, and Zip Code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶

Date applicant:

Gave information	mn / dd / yyyy	Was offered job	mn / dd / yyyy	Was hired	mn / dd / yyyy	Started job	mn / dd / yyyy

**Complete Only If Box 1 on Page 1 is Checked**

State and  
county or  
parish of job \_\_\_\_\_

☐ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►

**Signature Must Be Original**

Title

Title of the employer  
who signs the form

Date IRS Form 8850 was completed \_\_\_\_\_

## Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping : . . . 3 hrs., 16 min.

Learning about the law  
or the form . . . . . 45 min.

Preparing and sending this form to the SWA	42 min.
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If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IT-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

# Instructions for Completing ETA Form 9061 (Individual Characteristic Form) August 2009 Version

1. **Control No.:** Leave blank.
2. **Date Received:** Leave blank.
3. **Employer Name:** Enter the employer's business name.
4. **Employer Address and Telephone:** Enter employer's business physical address and business telephone number.
5. **Employer Federal ID Number (EIN):** Enter the employer's federal tax number.
6. **Applicant Name (Last, First, MI):** Enter applicant's Last Name, First Name, and Middle Initial.
7. **Social Security Number:** Enter applicant's 9-digit social security number.
8. **Have you worked for this employer before?:** Check Yes or No. Note: Applicant's who have worked for the employer at any time in the past are not eligible for the WOTC.
9. **Employment Start Date:** Enter applicant's start date.
10. **Starting Wage:** Enter applicant's starting wage per hour.
11. **Position:** Enter applicant's job title.

**Answer questions 12, 13, 14, 15, 16, 17, 18, 19, 20, & 21 with a check mark in either Yes or No as the questions apply to the applicant.**

22. **Sources to document eligibility:** List the sources the employer or employer representative used to determine the applicant's eligibility.

A copy of supporting documents must be submitted IF applying for Target Group D (Designated Community) Residents, Target Group F (Qualified Summer Youth), and Target Group K (Disconnected Youth). Supporting documents is listed on page 12.

- 23 (a). **Signature:** The person completing this form must be the person who signs it, unless the applicant is under 18 (minor) then the form must be signed by a parent/guardian. Otherwise, the signature can be that of the applicant, employer, or employer representative.
- 23 (b). **Indicate with a check who signed the form:** Self-Explanatory.
24. **Date:** Enter the date the ETA Form 9061 was completed.



# ETA Form 9061 Sample

ETA Form 9061 Page One

## Individual Characteristics Form (ICF) Work Opportunity Tax Credit

U.S. Department of Labor  
Employment and Training Administration

1. Control No. (For Agency use only) <b>Leave blank</b>		<b>APPLICANT INFORMATION</b> (See instructions on reverse)		OMB No. 1205-0371 Expiration Date: November 30, 2011 2. Date Received (For Agency Use only) <b>Leave blank</b>	
<b>EMPLOYER INFORMATION</b>					
3. Employer Name <b>ABC Company</b>		4. Employer Address and Telephone <b>123 Name Street Juneau, AK 99801 907-789-1234</b>		5. Employer Federal ID Number (EIN) <b>12-3456789</b>	
<b>APPLICANT INFORMATION</b>					
6. Applicant Name (Last, First, MI) <b>John, Doe A.</b>		7. Social Security Number <b>9 digit SSN</b>		8. Have you worked for this employer before? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  If YES, enter last date of employment: <b></b>	
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>					
9. Employment Start Date <b>8/3/10</b>		10. Starting Wage <b>\$7.75</b>		11. Position <b>Cashier</b>	
12. Are you at least age 16, but under age 40? If YES, enter your date of birth: <b></b>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) benefits for at least a 3-month period during the 15-month period ending on your hire date? If YES, enter name of primary recipient: <b></b> and <b></b> city and state where benefits were received: <b></b> OR, are you a veteran entitled to compensation for service-connected disability? If YES, were you discharged or released from active duty within the year before you were hired? OR, were you unemployed for a consecutive period of at least 6 months during the year before you were hired?				Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Are you a member of a family that received SNAP (Food Stamps) benefits for the 6-month period before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are not currently receiving them? If YES to either question, enter name of primary recipient: <b></b> and city and state where benefits were received: <b></b>				Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> OR, by an Employment Network under the Ticket to Work Program? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> OR, by the Department of Veterans Affairs? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
16. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) for at least the last 18 months before you were hired? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> OR, are you a member of a family that received TANF benefits for <b>any</b> 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, to any question, enter name of primary recipient _____ and the city and state where benefits were received _____	
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, enter date of conviction _____ and date of release _____ Was this a Federal _____ or a State _____ conviction? (Check one)	
18. Do you live, and plan to continue living, in an Employment Zone or Renewal Community? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> OR, in a Rural Renewal County (RRC)? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, enter name of the RRC: _____	
19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> OR were you discharged or released from active duty in the Armed Forces for a service-connected disability? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, were you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, did you receive employment compensation for not less than four weeks during the one-year period ending on your hiring date? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
21. Are you at least age 16 but under age 25? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, were you not regularly employed during that 6-month period? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If YES, were you not employable because you lacked basic skills? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
22. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.) Submit copy of supporting documents if applying for Target Group D (Designated Community) Residents, Target Group F (Qualified Summer Youth), and Target Group K (Disconnected Youth)	
I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.	
23(a). Signature: (See instructions in Box 23b for who signs this signature block) Signature of Individual Completing this Form	23. (b) Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)
24. Date: Date ETA Form 9061 Completed	

# Instructions for Completing ETA Form 9062 (Conditional Certification) August 2009 Version

Questions 1 to 15 of the ETA Form 9062 should have been previously completed by the applicant's service providers such as "Public Assistance" or "Vocational Rehabilitation" by the time the applicant presents this form to the employer. Employers will complete and sign the bottom section of the 9062, items 16-22 when the applicant is hired.

16. **Name of Firm and Address:** Enter the employer's business name and business physical address.
17. **Position/Job Title:** Enter the new hire's job title.
18. **Employment Start Date:** Enter the new hire's start date.
19. **Starting Wage:** Enter the new hire's starting wage per hour.
20. **Employer's Name:** Enter the name of the employer who signs this form (Last Name, First Name, MI)
21. **Employer's Signature:** The person completing this form must be the person who signs this form.
22. **Date:** Enter the date the ETA Form 9062 was completed.



# ETA Form 9062 Sample

## Conditional Certification Work Opportunity Tax Credit

U. S. Department of Labor  
Employment & Training Administration

<b>EMPLOYER(S)</b> > This form must be accompanied by IRS Form 8850. > If you do not have IRS Form 8850, call 202-693-2786 for a copy or download it from <a href="http://www.irs.gov">www.irs.gov</a> . > Be sure to complete Part II of this form and IRS 8850, sign and date both forms BEFORE sending them to the State Workforce Agency (SWA) within 30 days of the date of hire.	<b>OMB CONTROL No.</b> 1205-0371 <b>Expiration Date:</b> November 30, 2011
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1. INITIATING AGENCY CODE (For Agency Use Only) CODE: _____	2. CONTROL NO. (For Agency Use Only) (*/* One) _____ Participating Agency SWA/DLA	3. TYPE OF CONDITIONAL CERTIFICATION a. <input type="checkbox"/> Original (For Summer Youth (SY) only) a. <input type="checkbox"/> Original b. <input type="checkbox"/> Revalidation
4. FOR EX-FELON/TARGET GROUP ONLY a. Conviction Date: _____ c. Correctional ID No. _____ b. Release Date: _____		5. DATE COMPLETED (MM/DD/YYYY) _____
6. STATE WORKFORCE AGENCY'S NAME/ADDRESS Alaska Department of Labor WOTC Tax Credit Program PO Box 115509 Juneau, AK 99811-5509	7. SIGNATURE (Authorized Official) _____ Name of SWA/DLA	8. TELEPHONE No. _____ Name of SWA/DLA
PART I. APPLICANT INFORMATION AND HOME CERTIFICATION (SY)		
9. NAME OF APPLICANT (Last, First, Middle) _____	10. SOCIAL SECURITY No. _____	11. TARGET GROUP CODE (*/* if Disabled Veteran meets the requirements below) <input type="checkbox"/> Disabled Veteran (DV) <input type="checkbox"/> Compensation for a service-connected disability & during the past year was released/discharged from active duty, or <input type="checkbox"/> Unemployed for a period totaling 6 months
12. ADDRESS (Street, City, State, Zip Code) & Telephone No. _____ City, State, Zip Code	13a. TARGET GROUP CODE (*/* One) <input type="checkbox"/> Ticket Holder (TH) with IWP from an Employment Network, <input type="checkbox"/> Summer Youth (SY), <input type="checkbox"/> Long-Term Family Caregiver (LFC) or <input type="checkbox"/> Designated Community Resident (DCR). If DCR, enter name of RRC in the blank: _____ Name of RR County _____ Enter County Code: _____	
13b. TARGET GROUP (Cont): <input type="checkbox"/> Unemployed Veteran <input type="checkbox"/> Disconnected Youth		14. APPLICANT SIGNATURE: _____ Name of Applicant
<b>NOTE TO EMPLOYER:</b> 15. The above named individual may be eligible for certification under the Work Opportunity Tax Credit. If individual is not employed before the date in the box below (Mo., Day, Yr.), this eligibility determination is subject to review. In the event you hire _____, you should request the certification necessary for you to claim a Work Opportunity Tax Credit (WOTC). Simply, complete and sign the Employer Declaration below, mail to the SWA or Designated Local Agency together with IRS Form 8850, not later than _____ after the applicant starts work. The WOTC Employer Certification will be _____ if statutory requirements have been met.		

PART II. EMPLOYER DECLARATION: I, hereby, declare that the above named person is or will be employed by:			
16. NAME OF FIRM AND ADDRESS: ABC Company 123 Main Street Juneau, AK 99801	17. POSITION/JOB TITLE: Cashier	18. EMPLOYMENT-START DATE: 8/3/10	19. STARTING WAGE: \$ 7.75 per hr.
ATTN SWA: Please send a WOTC Certification for this employee. The pre-certification is for the purpose of requesting Certification to obtain the WOTC under Sec. 61 of the Internal Revenue Code. Employers are advised that such credit will cease immediately upon notification of any subsequent invalidation/revocation. Employers are further advised that if the certification herein requested is for a member of the SUMMER YOUTH target group, the tax credit for which he/she may be eligible is subject to the limits described at Sec. 61(d)(7) of the Internal Revenue Code.			
NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment.			
20. EMPLOYER'S NAME: (Name of employer who signs this form (Last Name, First Name, MI))	21. EMPLOYER'S SIGNATURE: (Employer signs the form)	22. DATE: (MM/DD/YYYY) 08/03/10	

# WOTC Checklist

Employers may use this checklist to ensure that their WOTC application packet is complete before mailing them to the AK DOLWD to avoid processing delays or denials.

**If an employer received an ETA Form 9062, Conditional Certification, from a participating agency:**

- ☐ Completed ETA Form 9062, Conditional Certification; **and**
- ☐ Completed first and second page of [IRS Form 8850](#) with original signatures from:
  - ☐ Applicant/Employee **and**
  - ☐ Employer

**Otherwise, employer must complete the following:**

- ☐ Completed first and second page of [IRS Form 8850](#) with original signatures from:
  - ☐ Applicant/Employee **and**
  - ☐ Employer
- ☐ Completed [ETA Form 9061](#), Individual Characteristic Form (ICF); **and**
- ☐ Supporting documents if applying for Target Group D (Designated Community) Residents, Target Group F (Qualified Summer Youth), and Target Group K (Disconnected Youth); and
- ☐ [ETA Form 9154](#), Self-Attestation, if applying for Target Group K (Disconnected Youth).

## Downloadable Forms

Document No.	Document Title	Version	Description	Document Attachment
<b>ETA Form 9061</b>	Individual Characteristic Form (ICF)	August 2009	Employers use ETA Form 9061 together with IRS Form 8850 to help the AK DOLWD determine applicant's eligibility for the WOTC program.	(pdf) <a href="#">ETA Form 9061</a>
<b>ETA Form 9154</b>	Youth Self-Attestation Form	May 2010	Employers use ETA Form 9154 as a supporting document to qualify for Target Group K, Disconnected Youth.	(pdf) <a href="#">ETA Form 9154</a>
<b>IRS Form 8850</b>	Pre-Screening Notice and Certification Request	August 2009	Employers use IRS Form 8850 to pre-screen and to make a written request to the AK DOLWD to certify an individual as a member of a targeted group. This form must be submitted with either an ETA Form 9061 or 9062.	(pdf) <a href="#">IRS Form 8850</a>
<b>IRS Form 5884</b>	Work Opportunity Credit	2009	Employers use IRS Form 5884 to claim the work opportunity credit for qualified first – or second-year wages paid to or incurred for targeted group employees during the tax year.	(pdf) <a href="#">IRS Form 5884</a>
<b>IRS Form 2848</b>	Power of Attorney and Declaration of Representative	June 2008	Employers use IRS Form 2848 if they authorized a third party agent, such as an accountancy firm or a management consultant, to act on their behalf in the WOTC certification process.	(pdf) <a href="#">IRS Form 2848</a>

# Acceptable Versions of ETA Form 9061, IRS Form 8850 and Self-Attestation

## Acceptable ETA Form 9061 and 8850

The Department of Labor Employment and Training Administration (DOLETA) and IRS have revised the ETA Form 9061 and IRS Form 8850 respectively by adding the two ARRA target groups, **Target Group J (Unemployed Veterans)** and **Target Group K (Disconnected Youth)**. To certify the eligibility of the Recovery Act targeted groups, employers must submit acceptable ETA Form 9061 and IRS Form 8850. Below is the distinction of acceptable forms for non-ARRA target groups and ARRA target groups by date of submission.

	For <b>non-ARRA</b> Target Groups: Target Group <b>A through I</b>	For <b>ARRA</b> Target Groups: Target Group <b>J and K</b>
Applications filed <b>through the present</b>	<ul style="list-style-type: none"> <li>- <b>Either</b> 8850 June 2007 (until further notice, if category on form) or the 8850 August 2009 version</li> <li>- <b>Either</b> 9061 June 2007 (until further notice, if category on form) or the 9061 August 2009 version</li> </ul>	
Applications filed <b>beginning October 18, 2009*</b>		8850 – August 2009 version 9061 – August 2009 version  <b>* If applications filed for ARRA categories on the incorrect forms, employer must have applicants complete the correct 8850 and 9061 and maintain the forms until requested by the AK DOLWD. DO NOT SEND FORMS UNREQUESTED.</b>
Applications filed <b>between January 1, 2009 – October 17, 2009</b>		8850 – June 2007 or May 2009 versions  9061 – November 2008 version

## Acceptable Self-Attestation Form

To certify the eligibility of the Recovery Act target group J or Disconnected Youth, employers must submit acceptable Self-Attestation form. Below is acceptable Self-Attestation form by date of submission.

	For <b>ARRA</b> Target Group <b>K (Disconnected Youth) Only</b>
Applications filed <b>beginning August 23, 2010</b>	<b>ETA Form 9154 (Rev. May 2010)</b> <u>is the only acceptable self-attestation</u> for Disconnected Youth applications.
Applications filed <b>between June 4, 2010 and August 22, 2010</b>	<b>ETA Form 9154 (Rev. February 2010)</b> <u>is the only acceptable self-attestation</u> for Disconnected Youth applications.
Applications filed <b>through June 3, 2010</b>	<p>Any self- attestation form that verifies the two statutory provisions (II) and (IV) of Internal Revenue Code Section 51(d)(14)(B)(iii)(II):</p> <p>II) Individual is not regularly attending any secondary, technical or post-secondary school during the 6-month period preceding the hire date; and</p> <p>IV) Individual is not readily employable by reason of lacking a sufficient number of skills.</p> <p>Disconnected Youth Statutory definition is available at <a href="http://www.irs.gov/pub/irs-drop/n-09-28.pdf">http://www.irs.gov/pub/irs-drop/n-09-28.pdf</a>.</p>

**AK DOLWD strongly recommends and encourages employers/consultants to begin immediately using DOLETA's National Self-Attestation Form (SAF), ETA Form 9154 Rev. May 2010. Submitting this form with ETA 9061 and IRS 8850 is strongly encouraged to prevent unnecessary processing delays trying to find and match ETA 9061s, SAFs, and IRS 8850s when these forms are filed separately.**

# Frequently Asked Questions (FAQs)

## How is the WOTC application processed?

The AK DOLWD will process the WOTC application in the order of receipt and will make a determination to deny or certify an application.

## What is a certification?

If the application is certified, the AK DOLWD will send ETA Form 9063, “WOTC Employer Certification”, to the employer to verify that the employee is WOTC eligible and may qualify the employer for the federal tax credit. Employer must retain the form for IRS records. Employer will receive a denial letter if the employee is not eligible for any target groups.

## How does an employer obtain the tax credit?

The employer needs to file the Tax Credit Certification issued by the AK DOLWD along with the [IRS Form 5884](#), “Work Opportunity Credit”, to claim their WOTC tax credit when employers fill out their annual Business Federal Income Tax Forms.

Any questions regarding the filing of tax credit with the IRS may be addressed to the [IRS website](#) or their help line at 1-800-829-1040.

## How is tax credit applied?

The credit is usually applied to the employer’s tax liability for the tax year in which the employee is hired. If the credit exceeds the current year’s tax liability, the employer may apply the remaining credit to the previous year’s tax liability. This may be carried back one year or forward 20 years. For more information on unused credits, employers should contact the IRS or their tax accountant.

## How long the WOTC records must be retained?

Employers must keep copies of Forms 8850, any transmittal letters submitted to AK DOLWD, and certification letters received from AK DOLWD as long as they may be needed for the administration of the provisions relating to the WOTC program. Records that support the credit usually must be kept for 3 years from the date any income tax return claiming the credit is due or filed, whichever is later.

## We did not know about the IRS Form 8850 28-day rule, can you waive it?

No. IRS rules require employers to submit the IRS Form 8850 within 28 days after the new hire starts work. Unfortunately, the 28-day rule cannot be waived. There is no exemption to this rule.

## Contacts for additional information:

- Call: (907) 465-5956, Fax: (907) 465-8753
- TDD/TTY Relay AK Operator: 1-800-770-8973
- E-mail: [dol.wotc@alaska.gov](mailto:dol.wotc@alaska.gov)
- Website: [jobs.state.ak.us/wotc.htm](http://jobs.state.ak.us/wotc.htm)